DOCUMENT RESUME

ED 049 483 CG 006 290

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TITLE Elementary School Group Counseling by Mental Health Consultants.
INSTITUTION Bexar County Community Guidance Center, San Antonio, Tex.; Wilford Hall USAF Medical Center, Lackland AFB, Tex.
PUB DATE [69]
NOTE 20p.

EDRS PRICE EDRS Price MF-$0.65 HC-$3.29
DESCRIPTORS Academic Achievement, *Consultants, Counseling, *Elementary School Counseling, Elementary School Students, Evaluation, *Group Counseling, *Interpersonal Problems, Mental Health Programs
IDENTIFIERS Leadership Laboratory

ABSTRACT

The effectiveness of an elementary school group counseling program that was conducted in the school setting by consultants from a community mental health agency was investigated. Subjects for the experimental group were twelve elementary school students who evidenced significant school-related problems, but seemed to have more potential for learning either socially or academically than they had exhibited. Three mental health specialists led one and one half-hour meetings, which were held weekly as part of the school curriculum. Academic and attitudinal school grades were used as the criterion for evaluation. An analysis of variance of the grades indicated a significant positive increase at the .05 level in the mean Grade Point Averages of the participating students. (Author)

ED049483

Elementary School Group Counseling

by

Mental Health Consultants

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CG 006 290

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Elementary School Group Counseling by Mental Health Consultants[1]

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In the past mental health specialists have tried a wide range of treatment modalities to deal with the learning and behavioral disorders of a child. These efforts have been confined primarily to community mental health clinics, treatment centers and psychiatric treatment units of hospitals. William C. Morse (1967), an experienced school consultant, criticizes this "cure by remote control" for its failure to study the school system itself and then to " 'live in' to test their proposals". He believes that "the relationship between the school and the experts in human behavior often turns rancid because of the unreality of the so-called assistance" (p. vii). Another criticism has come from Nicholas Hobbs (1966), who thinks that there is also a real possibility that hospitals and other traditional treatment modalities "make children sick. The antiseptic atmosphere, the crepe sole and white coat, the tension, the expectancy of illness may confirm a child's worst fears about himself, firmly setting his aberrant behavior" (p. 1105).

However, as other mental health experts have pointed out, several problems are encountered in intervention outside the walls of a clinic. Among these are the difficulty of meeting the expectations of the school personnel, the difference in viewpoints between educators and clinicians, the tendency of school personnel

to be more authoritarian in attention to rules and regulations, and the fears that the children have of being regarded as "crazy" (Tolor & Griffin, 1969).

In an effort to meet the criticism of remaining in the clinic and to deal with the problems associated with moving out of this limited setting and into the school, the authors designed an experimental school intervention program known as "The Leadership Lab".

Procedures

The Leadership Lab. Two psychologists and a case worker from a community mental health center met with a group of twelve children on a weekly basis over a four and one-half month period on a suburban elementary school campus in Southwestern United States. The teachers and the school counselor selected these children because they had a variety of developmental problems that ranged from withdrawn passive behavior to antisocial acting out. As a result of low self-concepts and poorly developed interpersonal skills, none were functioning at the level of their capabilities. They seemed to shy away from either academic competition or extracurricular activities, and generally had not become involved in the formal social system of the school. Classroom observations indicated that these children were unable to relate appropriately with their peers or their teachers.

The Leadership Lab was not a therapy group in the strictest sense, and the children were not patients; it was merely an

intervention technique and the children were students. Therefore, there was a conscious effort to avoid any nomenclature that might label the children in a negative way; work with the children was done in the school setting and not in the clinic; and the children were selected to be in the group by using the school's evaluation procedures rather than the usual pre-therapy diagnostic evaluation.

The specified goals of the Leadership Lab were to help the children (1) to develop a more positive attitude toward the learning process, (2) to improve their self-confidence, and (3) to learn how to resolve interpersonal conflicts in a socially acceptable manner.

A team approach with two male co-leaders and one female co-leader of the Leadership Lab was used in order to provide an opportunity for collaboration on handling the bias factor in perceiving and reacting to the children's behavior. It was believed important also that both sexes be represented in order that leaders might complement each other by presenting various dimensions of role differentiation. In this respect, adult leaders were the models with whom the children could identify and in whom they could observe opposite role expectations.

The leaders structured the group from the start, in contrast to at least one other group conducted within a school setting that began by allowing the uninhibited expression of emotions (Brennan & Seifer, 1968). In the "Leadermanship Class", as the children came to call the experimental group, they were encouraged to recognize

and identify various affects, including both positive and negative feelings, but limitations were set on the degree to which they expressed these emotions. The group was seen as a vehicle by which the children could learn and obtain positive reinforcement for some socially acceptable ways of expressing feelings.

The group leaders structured the meetings in order to give the children responsibility for initiating activities that were acceptable to the group as a whole. Children were given the opportunity to take turns being "leader for the week". A leader was responsible for not only the organization of activities, but also the appropriate participation of the group members during these activities. Such a position of leadership seemed to help the children discover and develop their potentialities for originality, organization, and methods of influencing and responding to others. When the inevitable conflicts and disagreements developed, the adult leaders suggested how to resolve deadlocks in an open manner, and provided the student leader with positive and negative feedback on his handling of these situations. This confrontation was designed to be psychologically non-threatening, for the adult guidance was tailored to help the child attain the specific objectives that he initiated. The child also received the exceedingly important feedback from his peers that was encouraged by the adult leaders.

The adult co-leaders believed that the concurrent use of both the nonverbal techniques and the more traditional verbal ones was

more effective than either alone. Consequently, the leaders purposely provided opportunities not only for discussion of problems, but also for relaxation and recreation. This action was taken because it was considered essential that the children be given opportunities to learn how to succeed in many aspects of organized human activity. Attention was paid also to the problem of learning how to maintain a balance among various types of activities.

Selection of Subjects. As mentioned previously, although the children selected for the experimental group evidenced significant school-related problems, they seemed to have more potential for learning, either socially or academically, then they exhibited.

The students who eventually composed the Leadership Lab first came to the attention of the elementary school staff and mental health consultants during "case clustering" conferences. A case clustering conference is a consultative service provided to a school by a team of professionals from a community mental health agency that usually includes a psychiatrist, a psychologist and a social worker. The team of consultants comes to the school at the request of its personnel to review cases that have been brought to the attention of the school counselor because of academic and/or behavioral problems. For each child reviewed, the counselor presents a case profile composed of social and scholastic data, and the protocols of a series of tests administered to the child. The principal, the director of special education, the child's teacher

and the school nurse participate in these conferences with the consultants and furnish descriptions of the child's behavior in school and at home. In this manner the school and the mental health agency personnel work as an extended mental health team to evaluate a child's difficulties and to formulate a program of intervention.

After several case clusterings at the elementary school during the fall of 1968, students with academic and behavior difficulties were identified. They had been having problems for several years and had been falling progressively further behind in their academic and social competition. When the school established a non-graded section two years ago, it was hoped that the use of specially prepared instructional materials, audiovisual aids, team teaching and a noncompetitive atmosphere would act as a strong impetus to more successful school performance. However, attitudes of these students seemed to continue deteriorating and interfere with their gaining the maximum benefit from the program. Some of these students even were beginning to move from apathetic participation to active rebelliousness both during and after school hours. For two children, vandalism of school property had followed petty pilfering.

The children finally placed in the group by the case clustering conferences were identified also as problems by their peers on a sociometric instrument developed by Bower and Lambert known as "A Class Play". In other words, to their classmates as well as to the

institution these children appeared to have adjustment problems.

From the group of children so identified, ten with chronic academic and social problems were selected to participate in the Leadership Lab. Two other children with high academic achievement but poor social skills also were included to avoid having the group stigmatized as a class for "retardos".

Subjects. The four girls and eight boys selected for the Leadership Lab ranged in age from nine to thirteen years and in grade level from fourth to sixth. The socioeconomic backgrounds of the children, as determined from the Warner scale (1961) based on the occupation of the head of the household, represented the entire range from the highest professional level (1) to the lowest unskilled labor level (7). However, as Table 1 indicates, the lower socioeconomic classes had more representation.

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insert Table 1 about here

Eleven of the twelve students had been in the non-graded program at the elementary school since its inception two years ago; the only one who was not had been in the school district only one year. Although this program had advantages, ten of the twelve students were considered hard-core academic problems. Six had been retained at least once and a total of ten were functioning decidedly below the level that their teachers subjectively considered their potential.

The more objective IQ tests, both group and individual, supported the teachers' judgment, i.e., none were retarded and some were functioning well within the normal and even within the bright normal range of intelligence (Table 2). The Standard Achievement Tests further indicated that ten of the twelve children were functioning significantly below the academic grade level (Table 3).

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insert Tables 2 and 3 about here

Role of the counselor. The school counselor who functioned as a liaison between the school and the mental health agency during the case clusterings also played an active administrative role in securing the permission of the parents for the children to attend the group and in appraising the teachers of the goals of the group. Therefore, she performed an important function, not only in making the initial selection, but also in correcting parent and teacher misunderstandings about the goals and activities of the group. It was believed that the groundwork and the ongoing feedback obtained by the counselor's participation were essential in order to keep the teachers and parents aware of the primary objectives of the group and oriented to these objectives.

Data Analysis

School performance measures. School grades were selected as the criteria for evaluating the effect of the Leadership Lab for three primary reasons: (1) the problems of the children were school

related,(2) the group was formed explicitly to work on these problems, and (3) school grades indicated the functioning level of the children within the school system. The mental health agency staff had learned from experience that intervention in school problems, which were involved in about 75% of the agency's referrals, often changed attitudes but did not affect academic achievement. A secondary reason for using school grades as the criterion was to find out whether group techniques could effect a positive change in academic achievement.

Inasmuch as two types of grades were given at this elementary school: academic and attitudinal, both the scholastic and the social functioning of the children within the school system could be evaluated and compared. The goals and the techniques of the Leadership Lab were concerned primarily with attitudinal change. Therefore, it was expected that, if there were any grade changes, attitudinal ones would be more significantly changed than academic ones.

Treatment of results. The major emphasis in the statistical design was directed toward an evaluation of the treatment effect of the Leadership Lab during four grading periods, on two types of grades, and within four teams of teachers for twelve students. Of the four grading periods, the first one represented a pre-Leadership Lab measure, whereas the others represented their school performance for the duration of the group experience. Means representing the

Grade Point Averages of the academic and attitudinal grades for each grading period were calculated and an analysis of variance was done.

Results

The results of the analysis of variance on the Grade Point Averages of the academic and attitudinal grades are presented in Table 4.

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The differences among the four periods were significant, but the differences associated with the four teaching teams, the two types of grades, and the interactions were not significant. The possible range of the Mean Grade Point Averages was from 1 to 9. The trend of the Grade Point Averages indicated that from the first period, which represented a baseline measure, there was a relatively sharp increase over the next two periods, followed by a slight decrease in the fourth period.

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insert Figure 1 about here

The results of the analysis of variance used to evaluate the spelling grades indicated only that there was no significant difference in those grades among the four grading periods ($F=1.26$, $df=3$ and 33, $p>.05$). Although the differences in spelling grades were not significant, these grades did increase during four grading

periods from a Mean Grade Point Average of 5.00 initially to one of 6.25 for the fourth grading period, using a possible range of 1 to 9.

Lack of a control group in the experimental design made it necessary to evaluate in a less traditional manner the possibility of a halo effect resulting from placement of students in the group with the knowledge of their teachers. A separate analysis of variance was run on the most objective criterion used by the teachers, spelling grades. Spelling tests are given regularly, i.e., every Friday only, and the set list of twenty words is marked right or wrong. The assignment of spelling grades requires no subjective judgment, and they represent the most highly structured and comparable measure of the children's functioning level.

Discussion

The results of this study suggest that a child's academic and attitudinal school performance can be increased significantly by the use of a group counseling experience within the milieu of the school. It was of interest that no significant difference between the academic and attitudinal results was found. It had been anticipated that an intervention technique, such as the Leadership Lab with techniques and goals concerned primarily with attitudinal change would effect change only in attitudes. Probably the reason for the positive change in both areas of functioning was the fact that the group was conducted on the school campus during normal school hours rather than at a psychiatric facility.

No significant difference was observed among the four teaching teams at this elementary school and, therefore, no evidence of bias in grading by these teams. The lack of significant difference suggested that teachers' marks were fairly consistent and, therefore, provided a comparable measure of the children's academic and social functioning within the school system.

Although the results of the study were interpreted with caution in the absence of a control group, the children were their own controls in a sense. They had been chronic hard-core problems for several years, and other types of special intervention, such as non-graded programs, had failed to effect a positive change in their school functioning level.

Although the increase in the most objective grades was not significant among the four grading periods, there was a positive increase of the children's functioning level in this academic subject. Furthermore, the problem of a possible halo effect did not cause as much concern, at least in one respect, in this study as it might have in others. If part of the increase in the children's grades was due to a more positive attitude by the teachers, this would not necessarily detract from the significant results. If teachers started to view a child more positively for whatever reason, his functioning would be likely to improve.

The primary uniqueness of the Leadership Lab was that it provided an opportunity for mental health consultants to work

directly with children who had adjustment problems while avoiding the negative connotations of therapy. The problems that developed when consultants worked directly with children within the school setting were handled primarily by the school counselor. Her role as a liaison between the outside mental health agency and the school system made the critical difference in accounting for the success of the group.

Footnotes

1. Support for the work reported here came from the Community Guidance Center of Bexar County, San Antonio, Texas, under Dr. Albert C. Serrano, Director, and Wilford Hall USAF Medical Center, Lackland Air Force Base, Texas.

The views expressed herein are those of the authors and do not necessarily reflect the views of the United States Air Force or the Department of Defense.

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TABLE 1

Occupational Ratings of the Primary Wage Earners According to the Warner Scale

Subject	Occupation[a]	Level
S_1	Car Salesman	3
S_2	Cook	6
S_3	Florist	5
S_4	Semi-skilled construction worker	6
S_5	Construction worker	7
S_6	Auto mechanic foreman	4
S_7	Domestic (mother)	7
S_8	USAF Ret. and manager of a retail store department	2
S_9	Carpenter and upholsterer	5
S_{10}	Truck driver	6
S_{11}	Insurance (mother)	2
S_{12}	Physician	1

[a]Unless otherwise indicated the occupation used to determine the level will be that of the father.

Table 2

Group Ability and IQ Testing Scores

Subject	Kuhlmann - Finch (Group)		
	Form	Date Given	IQ
S_1	V	10-15-68	87
S_2	V	10-15-68	93
S_3	III	10-17-67	119
S_4	V	10-15-68	79
S_5			
S_6	III	10-17-67	70
S_7	III	10-17-67	78
S_8	V	10-18-67	106
S_9	III	10-17-67	78
S_{10}	V	10-15-68	98
S_{11}	V	10-18-67	130
S_{12}	V	10-18-67	140

TABLE 3

Results, Expressed in Grade Levels,
of Stanford Achievement Tests Given in December 1968

Subject	Age	Grade Level	SUBTESTS									
			Word Meaning	Paragraph Meaning	Spelling	Word Study Skills	Language	Arithmetic Computation	Arithmetic Concepts	Arithmetic Applications	Social Studies	Science
S_1	10-2	5.4	3.1	2.5	3.6	2.3	2.5	4.5	4.3	3.4	3.5	3.6
S_2	11-3	5.4	3.6	3.1	3.6	2.3	3.4	2.9	2.7	3.0	4.0	3.7
S_3	9-3	4.4	4.4	4.4	3.5		3.9	4.3	4.0	5.1	4.3	3.8
S_4	11-8	6.4	4.1	3.8	4.0	3.0	3.0	3.7	3.3	2.5		
S_5	10-10	4.4	3.1	2.7								
S_6	12-10	6.4	3.1	3.8	3.3	3.0	2.6	2.9	2.1	2.7	3.8	3.6
S_7	10-5	4.4	2.4	2.1	2.4		2.5	3.5	3.3	3.0	3.2	2.9
S_8	11-4	6.4	5.7	5.7	5.6	4.6		4.1	4.0	4.4		
S_9	13-1	6.4	3.5	4.2	4.0		3.4	3.6	4.3	3.4	4.4	4.4
S_{10}	11-1	5.4	4.7	5.6	4.3	5.0	3.2	6.7	5.2	4.9	4.2	4.1
S_{11}	11-3	6.4	7.8	7.5	5.3	7.3	7.4	7.7	5.9	5.8	7.7	9.1
S_{12}	10-1	6.4	11.0	11.2	10.8		10.0	10.5	12.4	11.1		

TABLE 4

Analysis of Variance of Academic and Attitudinal Grade Point Averages

Source	df	F
Teams (TM)	3	1.35
Periods (PD)	3	3.19
PD X TM	9	0.31
Types of Grades (TG)	1	0.42
TG X TM	3	1.98
PD X TG	3	0.40
PD X TG X TM	9	1.33

* $p < .05$.